



3724

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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/904,447
	<b>Filing Date</b>	July 12, 2001
	<b>First Named Inventor</b>	Doroodian-Shoja
	<b>Group Art Unit</b>	3724
	<b>Examiner Name</b>	Clark F. Dexter
<b>Total Number of Pages in This Submission</b>	<b>Attorney Docket Number</b>	SDL-704.04 (24017-70404)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Form PTO-1449 (2 pgs.); and return receipt postcard.</b>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
<b>Firm or Individual name</b>	David A. Lane, Jr., Reg. No. 39,261	
<b>Signature</b>		
<b>Date</b>	January 22, 2003	

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 180

## Complete if Known

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Attorney Docket No.	SDL-704.04 (24017-70404)

<b>METHOD OF PAYMENT (check one)</b>					<b>FEE CALCULATION (continued)</b>				
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2. <input checked="" type="checkbox"/> Payment Enclosed:  <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other									
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1. BASIC FILING FEE									
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid				
101	740	201	370	Utility filing fee					
106	330	206	165	Design filing fee					
107	510	207	255	Plant filing fee					
108	740	208	370	Reissue filing fee					
114	160	214	80	Provisional filing fee					
SUBTOTAL (1)									
2. EXTRA CLAIM FEES									
Total Claims		** =	0	X		=	0		
Independent Claims		** =	0	X		=	0		
Multiple Dependent		X		=	0				
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid				
103	18	203	9	Claims in excess of 20					
102	84	202	42	Independent claims in excess of 3					
104	280	204	140	Multiple dependent claim, if not paid					
109	84	209	42	** Reissue independent claims over original patent					
110	18	210	9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)									
**or number previously paid, if greater; For Reissues, see above									
					Other fee (specify) _____				
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					SUBTOTAL (3) (\$ 180)				

<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Name (Print/Type)	David A. Lane, Jr.	Registration No. Attorney/Agent	39,261	Telephone	617-832-1000
Signature				Date	January 22, 2003

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